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County of Flint.

Report

on the work of the

School Medical  
Service

in the

County of Flint,

during the Year

1924.

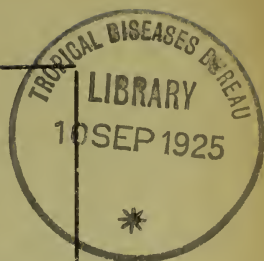
Flintshire County Council.

As requested in your letter  
of the 8<sup>th</sup> inst I now send you  
copies of My Annual Reports  
A.E.W.

With the  
Compliments  
of the  
County Medical Officer.

Health Department,  
County Offices,  
Mold.

County of Flint.



# Report

on the work of the

## School Medical Service

in the

County of Flint,

during the Year

# 1924.



## COUNTY OF FLINT.

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### To the Chairman and Members of the Flintshire Education Committee.

Mr. Chairman, Ladies and Gentlemen,—

I have pleasure in hereby submitting to you my Annual Report—the seventeenth—on the work of the School Medical Services in the County of Flint.

The Report refers wholly and exclusively to the calendar year ended the 31st December, 1924, which fact brings it into conformity with the Board of Education's requirements and into line for statistical and general purposes with the equivalent reports of other Education Authorities.

The Statistical Tables prescribed by the Medical Department of the Board of Education appear at the end of the Report. They are similar in form to those of the preceding year.

Reference to the Tables will indicate that the year's arrangements resulted in 10,904 inspections being carried out and the discovery that 23.05 per cent. of the 4,282 individual children examined in the routine inspections were in need of treatment (over and above those recorded as requiring attention for dental and uncleanness conditions). Every effort was made to bring about the treatment of these defects, and the results are shown in the appropriate Tables of the Report.

The need for additional School Clinics is becoming more and more pronounced. The appointment of another Medical Assistant would render it possible to develop this important branch of the work, besides enabling the Authority to undertake the Medical supervision of children attending the Secondary Schools of the County.

It is pleasing to record a recent advance in the question of treating crippled children. A scheme has been drawn up and is at present awaiting the approval of the Board of Education. If sanctioned the scheme can be launched at once, and the work begun.

The splendid and sustained efforts of my Assistant, Dr. Roberts, have contributed immeasurably to the success of the Service. His capability and zeal are worthy of the highest commendation. My Staff, also, both administrative and executive, have rendered excellent service in their respective spheres, and I gratefully acknowledge their loyal and assiduous devotion to duty through a year of arduous work.

In conclusion, I wish to tender my heartiest thanks to the Members of your Committee, and to the School Teachers, for the readily accorded help that is so important and valuable in the work of the School Medical Service.

I remain,

Mr. Chairman, Ladies and Gentlemen,

Your obedient Servant,

A. E. WILLIAMS,

School Medical Officer.

County Health Offices,

Mold, 27th May, 1925.



## 1.—SCHOOL MEDICAL SERVICES.

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### Members of the Medical Services Sub-Committee, 1924.

Chairman—Alderman Wm. Buckley, C.B.E.

#### *Members of the Education Authority—*

Ald. H. Neville Gladstone	Clr. A. J. Reney
„ Dr. J. O. Jones	„ T. Waterhouse
„ W. H. Jones	„ J. V. Harris
Clr. Dr. J. H. Williams	„ W. J. Rees
„ Rev. D. Griffiths	„ J. Gould
„ Rev. D. Gwynfryn Jones	„ G. R. Matthews
„ Rev. W. Ll. Foulkes Williams	

#### *Members Co-opted to Education Committee—*

Rev. J. H. Davies	Mr. J. Forber
„ A. Owen Pozzi	„ S. H. S. Morris
Mr. R. J. Edwards	Mrs. Humphry Williams
„ H. R. Thomas	„ R. Jones
„ H. Rogers	Miss G. Davies-Cooke

#### *Secretary to the Committee—*

MR. J. BEVAN EVANS, M.A.



## STAFF.

School Medical Officer :

ALFRED ERNEST WILLIAMS, M.D. (Edin.), D.P.H. (Liverp.)

*(Also County Medical Officer of Health.)*

Assistant School Medical Officer :

ANEURIN EVAN ROBERTS, M.B., B.S. (Lond.)

School Dental Surgeon :

REGINALD LAWRENCE HEELAN, L.D.S. (Manchester). Left 2/7/24.

PETER LUNT, L.D.S., R.C.S. (Eng.). Commenced 1/9/24.

Nurses :

*(Acting whole-time jointly as School Nurses and Health Visitors,  
except in the case of the Maelor District.)*

<i>Name.</i>	<i>District.</i>	<i>Remarks.</i>
Mrs. C. Kershaw	.. Rhyl	.. Supt. Nurse; also County Inspector of Midwives.
Miss L. M. Eyes	.. Buckley	..
Miss M. Kilner	.. Connah's Quay	.. Resigned 23/9/24.
Miss M. Somers	.. Do.	.. Commenced 25/9/24.
Miss J. Shannon	.. Flint	.. Resigned 28/12/24.
Miss E. Jones	.. Hawarden	..
Miss L. Reynolds	.. Holywell	..
Miss J. Lloyd	.. Maelor	.. Half-time appointment only.
Mrs. M. Ll. Taylor	.. Mold	..
Miss M. Roberts	.. Prestatyn	..

Chief Clerk :

WILLIAM DAVIES

## ESTABLISHMENT.

Headquarters :

County Health Offices, County Buildings, Mold.

School Clinics :

Shotton—Adjoining Council School, Shotton.

Holywell—Old Council School, Halkyn Road, Holywell.

Mold—County Buildings, Mold (Inspection Clinic only).

Dental Clinics at the various Schools.

Infant Welfare Centres—Six (details in County Health Report).



## 2.—Co-Ordination.

### *Arrangements for the Co-ordination of the work of the School Medical Service with that of the other Health Services.*

The co-ordination of the work of the School Medical Service with that of the other Health Services operating in the area is effected in our County in the manner outlined below:—

- (1) **PUBLIC HEALTH SERVICE.**—The Chief School Medical Officer holds the additional appointment of Medical Officer of Health for the County. This at once links the services and establishes him in a position to:—
  - (a) Work in unison with the Ministry of Health, the Medical Department of the Board of Education and the Health and School Medical Services of other Authorities, and be kept informed of all the influences, whether beneficial or adverse, bearing on the health of school children and the community in general;
  - (b) Work in close co-operation with the local Sanitary Authorities within the County, and become aware of outbreaks of infectious disease and any other matters affecting health;
  - (c) Co-ordinate the work of the School Medical Service with that of the County Committees dealing with the various branches of the Public Health Service, e.g., Housing, Sanitation, &c., School Buildings and Surroundings, Tuberculosis, Midwifery and Nursing, Mental Deficiency, Welfare of the Blind, Food and Drugs, Venereal Diseases, etc.
- (2) **MATERNITY AND CHILD WELFARE.**—All the Officers of the School Medical Service are connected with this work under arrangements made as follows:—
  - (a) The Chief School Medical Officer, as County Medical Officer of Health, has charge of the Maternity and Child Welfare work in the County, including the Welfare Centres;
  - (b) The Assistant School Medical Officer assists whenever practicable in the Infant Welfare work, including the Centres, as a means of establishing touch with the children of pre-school age, particularly the debilitated and the poor;
  - (c) The School Nurses, who are also County Health Visitors, have in the latter capacity immediate supervision over children of pre-school age in their respective districts from shortly after birth until their attainment of school age;

- (d) The Superintendent Nurse, who is also Inspector of Midwives, is in the latter capacity in a position to concern herself with the welfare of infants before, at and immediately after birth.

From the foregoing it will readily be seen that active co-operation between the School Medical and the other Public Health Services can follow largely as a natural result of the two-fold nature of the appointments held by the Officers. The close inter-relation of the health of the school child and that of the pre-school child is consistently borne in mind with the result that the supervision of both classes of children is to all intents and purposes practically a single work, despite the fact that separate records and statistics are kept by the Officers in the serving of two distinct Authorities. Additional to the methods outlined above, however, the following arrangements for co-ordination are in active and constant operation in the County:—

- (3) TUBERCULOSIS.—Systematic co-operation with the King Edward VII Welsh National Memorial Association in the diagnosis, supervision and treatment of children, both of school and pre-school age, suffering from conditions associated with this disease.
- (4) OTHER DISEASES AND DEFECTS.—Co-operation with Hospitals in connection with the operative treatment of enlarged tonsils, adenoids, etc., and with Practitioners, as the needs arise, in connection with other diseases and defects.
- (5) DEBILITATED CHILDREN.—Co-operation with existing voluntary agencies (referred to in Section 16 of this Report).
- (6) CHILD NEGLECT.—Touch with the National Society for the Prevention of Cruelty to Children in definite and suspected cases.  
In connection with—
- (7) NURSERY SCHOOLS.—It has to be reported that there are no institutions of this nature within the administration of the Education Authority.

With regard to the care of—

- (8) DEBILITATED CHILDREN UNDER SCHOOL AGE.—No effort is spared through the agency of the Welfare Centres and the Health Visiting Service towards securing the early ascertainment of such cases and, through the appropriate channels in the system of co-ordination outlined above, provision for their welfare is maintained. All attention possible is given to every child of pre-school age found in need of care, advice being given, either at the Centres or through the Nurses at the homes, to the parents, in the interests of the child's health and future.

### 3.—School Sanitary Conditions.

A School Medical Service, successfully to carry out its obligations as a factor in social development and progress, is required to concern itself not merely with the physical condition of the school child but also with the influences, hereditary and environmental, which affect it. Such influences may of course be beneficial or otherwise, but whatever their nature it falls within the duty of the School Medical Officer to satisfy himself that the utmost is done to ensure the full play of the beneficial and the eradication of the adverse conditions that govern the life of the child.

At this stage, however, the absolute control of all such influences is too ambitious a scheme to contemplate. Even were such a thing desirable, for example, it is far too great a task to take in hand the wholesale control of the home influences with any sound expectation of success. In the matter of gradually educating parents and the public generally, nevertheless, a substantial amount of good work is being done. Defects are discovered in children, in the course of the routine medical inspections, which are patently attributable to home and family environment, and in such cases the visitation of the home by the School Nurse, coupled with the enlightenment and advice given by her to the parents, must undoubtedly go far towards amelioration.

But whatever the efforts made in the interests of the child's home life, the fact remains that an education authority should unremittingly exert that beneficial control over a child's school life which so unquestionably lies within the scope of its power and duty. During school age a child spends a considerable proportion of its life in the confines of a building wholly controlled by the Authority, and whether the child's environmental conditions there are conducive to its welfare or detriment is a question determinable by the Authority itself. A child who attends a State school under a compulsion claimed to be exerted in the child's own interests should certainly be entitled to expect consideration of those interests in full measure, not merely in part, and it logically follows, to my mind, that unless an Authority whole-heartedly and unwaveringly carries out its obligations in ensuring a healthy school environment for its children it cannot reasonably hope to attain any objective worthy of regard.

The close relationship existing between a child's health and education has repeatedly been emphasised in my Reports of previous years, and it is very gratifying to record that in this County, during the year under review and in the past, the Authority have given serious practical attention to many matters wherein improvement has been indicated in the sanitary and hygienic arrangements in the schools. Much remains to be accomplished, however, and it is earnestly hoped that as the occasions demand the Authority will not hesitate to effect any improvements which may commend themselves in the interests of the health of the child.



On the occasion of each visit to a school for the purpose of examining the children the Medical Officer inspects the building and premises, along with the sanitary and hygienic arrangements, and reports to the Education Committee any defects discovered. As I have previously stated, and as the following notes will show, substantial improvements have been effected in many directions during the year under review.

**PLAYGROUNDS.**—At one or two of the older Schools playgrounds in the true sense of the word are non-existent. Others have a very uneven and stony surface and are liable to cause septic conditions in cuts, wounds and minor injuries sustained by children in the course of their play. The question of improving the surface of playgrounds is well worthy of the Authority's careful and serious attention as opportunities occur. A few cases of serious flooding were reported during the year. These, however, for the most part, have been satisfactorily attended to.

**VENTILATION.**—Consequent upon many improvements effected during the year the ventilation in the great majority of the schools can now be regarded as satisfactory. It is pleasing to note that the importance of the subject is being increasingly appreciated, the health of both pupil and teacher being so directly concerned.

**LIGHTING.**—Many improvements have also been noted in the Lighting arrangements in schools where formerly they left much to be desired. Teachers are earnestly exhorted to utilise to the utmost the existing facilities with a view to diminishing the risk of eye-strain and the development of visual defects.

**HEATING.**—The subject of school warming provides material for careful thought on the part of the Authority, as much remains to be done in bringing the schools up to a satisfactory standard in this respect. That the schools should be adequately and efficiently warmed in the winter months is known to all; the point of importance to consider is what constitutes the best method of warming in relation to the structure and the needs of each individual schoolroom. To recommend one particular type for universal use would hardly be a wise step, some schools being satisfactorily heated by open fire-places, others by stoves, and others by pipes and radiation. It is gratifying to report that two important improvements have been effected in a number of schools since the publication of my last Report—the old slow combustion stove, so often a cause of headaches, sore throat, &c. to child and teacher, has been replaced by a stove of a more modern type, and suitable stoves have replaced the open fire-place where the latter was practically useless owing to its structural position.

As it is possible that the construction of new schools in the County may be contemplated in the early future, a serious defect existing in some of the schools of recent erection might now be mentioned with a view to its avoidance. It is in connection with the system of heating by pipes and

radiation. Under the floors of the corridors and the central hall it has been noticed that the pipes have been set with an iron grating above them. In the open recess so caused it is but natural to find a considerable accumulation of dust; indeed in some cases a collection of several inches of dust has been found around the pipes. Such a condition, having regard to the warmth of the pipes, must be a veritable breeding place for germs and organisms of all kinds, whence they are constantly disseminated into the school atmosphere.

**FURNITURE.**—I would strongly recommend the Authority to take every opportunity that arises to replace the older types of desks wherever they exist by a more modern and hygienic type. Particularly during the year under review it has been noticed that the incidence of cases of postural deformity, especially among girls, is greater in schools where the desks are of the old backless type.

**OFFICES.**—All the defects found in connection with the type and condition of the Offices of the various schools have been reported upon as discovered, suggestions having been made in each case with a view to improvement. It will be an immense advance in the sanitation of our schools when it is found possible to replace, where required, the earth and the pit-type methods by the water carriage system.

**WATER SUPPLY, LAVATORIES, ETC.**—A good water supply to a school is essential in the interests of health. It is regrettable to have to report that in some of the rural schools there are no arrangements whatever for the supply of clean water. The matter will be seen to be as important in the country school as it is in the town school, when it is remembered that many children have to remain in school for their mid-day meal. In regard to the lavatories there is very little to report as the arrangements are quite satisfactory in the majority of the schools. Towels are provided and constantly renewed in accordance with regulations issued by the Authority.

**CLOAKROOMS.**—In my Report for 1922 I pointed out that the cloak-room accommodation in practically all the schools was quite inadequate, and in that for the year 1923 I reiterated the statement, pointing out that in consequence of the close proximity of the clothes and hat pegs it was a difficult task to all concerned to maintain the desirable standard of cleanliness amongst the scholars. I now have to report that the situation is practically unchanged. Whatever the difficulties may be—and I do not consider that they are as serious as they might appear—the matter is one which deserves consideration, if only in fairness to the parent who sends her child to school in a clean condition.

**DRYING OF CHILDREN'S CLOTHES AND BOOTS.**—It is much to be deplored that the inspections show no advance in this subject, the importance of which has been repeatedly emphasised in past Reports. The

solution of the problem of adapting existing arrangements to the requirements is admittedly difficult, but where facilities exist, such as pipes and radiators, they should be utilised to the utmost, as in its bearing upon the health of the children the importance of the matter cannot be exaggerated. Whatever the Teachers may do on the children's behalf, however, the fact remains that under the existing arrangements children who arrive at school on a wet day are expected to sit for hours in damp clothes, a state of affairs which cannot fail to be productive of sickness and absence from school. In the event of the Authority's contemplating the erection of any new Schools, or the structural alteration of any of the old ones, it is earnestly hoped that due consideration will be given to this important feature in the arrangements. In schools where facilities exist, and in any new schools that may be erected, much could be accomplished by extending the pipe and radiator heating system to the cloakrooms.

**CLEANLINESS.**—In the majority of the schools the cleanliness is maintained in a satisfactory degree. Conditions in two schools found to be unsatisfactory were reported to the Authority during the year. Though satisfactory in a general sense the cleanliness of the schools might be somewhat enhanced if more attention were paid to the cleaning of the cloakrooms.

**ACCOMMODATION.**—The question of overcrowding in the schools is still a serious one. It has been reported upon at length in previous Reports and I feel confident that the matter is not being lost sight of by the Authority, who are fully conversant with the prevailing conditions.

**RELATION OF THE GENERAL ARRANGEMENTS OF THE ELEMENTARY SCHOOL TO THE HEALTH OF THE SCHOOL CHILD.**—My remarks under this head, it will be observed, appear at the beginning of this Section of my Report. They have been so placed in the hope that due regard will be paid to the importance of the subjects dealt with in the succeeding paragraphs.

#### **4.—Inspection.**

Article 58 of the Elementary Education Provisional Code, 1919, requires that the Board of Education must be satisfied that provision has been made by the Local Education Authority for the medical inspection of all children admitted to the Elementary Schools during an immediately preceding year, of all children of the intermediate age of 8 years (i.e., those turned 8 but not yet aged 9), and of all children aged between 12 and 13 years, with the addition of those aged over 13 who may have escaped inspection in the age group last specified.

#### **SCHEME OF ARRANGEMENTS—**

Details of the methods employed to carry out the requirements in this County have been given in my previous Reports. Having proved efficacious in the past, these arrangements were adhered to during the year under review.



They provided for—

- (1) The Routine examination of the three ordinary age-groups, viz:—the Entrants, the Intermediates (aged 8) and the Leavers, carried out (1) in compliance with Article 7 of the Consolidated Regulations relating to Special Services—Grant Regulations No. 19, (2) on the school premises, and (3) for the purpose of making a report on each child on the lines of the Board's approved schedule;
- (2) The Re-inspection of children who, as a result of a routine or other inspection came up later for subsequent inspection, whether at the school or at the school clinic;
- (3) Special Inspections, namely the examination of children specially referred for such inspection, whether by teachers, school nurses, attendance officers, parents or otherwise. These include children specially selected by the Medical Officer at any of his visits to a school.

From the foregoing it will be seen that in addition to allowing for the examination of any special cases that require it, and for re-inspections, the arrangements comprehensively provide for no fewer than three routine examinations of every child in the Elementary Schools during its school life.

**THE MEDICAL SCHEDULE.**—The Board of Education's Schedule of Medical Inspection has been used in this County since the inception of the Service. In card form, providing for the keeping of a complete record of every inspection and the physical condition of every child examined, the Schedule was consistently and systematically followed throughout the year under review.

**ASCERTAINMENT OF CRIPPLING DEFECTS AMONG CHILDREN.**—One of the outstanding results of school medical inspection is the revelation of the fact that a very high proportion of the defects discovered had their origin during the pre-school years of a child's life. While acknowledging that there is no statutory obligation on the part of the Education Authority to concern itself actively with the child of pre-school age, it requires very little effort to realise that the burden of treating the school child, which is an obligation, is due in no little measure to influences adversely affecting the child prior to its admission to school. Were a stricter control over the pre-school child possible there would be no difficulty in reducing the cost of the school child's treatment as it is patent to all that the earlier a defect is discovered and diagnosed the easier is its treatment. If only on the grounds of economy, therefore, the Authority should without any hesitation favourably view, encourage and aid every effort to "ascertain" incipient or existent defects amongst pre-school children, in view of the high cost of providing for the special education of such children later on.

The importance of the matter has not been lost sight of by the Authority during the year under review. The arrangements in operation

already outlined in previous Reports, were consistently adhered to, and no effort was spared to secure information (and registration) of children within the area suffering from defects of a crippling nature. The following is indicative of the lines adopted:—

1. The School Medical Inspector makes enquiries, in the course of medical inspection, of the Head Teachers and the parents;
2. School Nurses are required to record and report cases found in the course of their work as Health Visitors;
3. School Attendance Officers are required to report any cases that come to their knowledge;
4. Parents are encouraged to bring their ailing children to the Infant Welfare Centres.

Every case within this category that comes to the notice of the Medical Officer is noted and particulars recorded in a register kept at the Head Office. In addition, as in the case of all children of school age, parents are advised and assisted in the matter of attending to the welfare and improvement of the child.

Table III of this Report does not include cases of this character for whom the Authority are not responsible; but it is highly interesting, taken in conjunction with the above remarks, as an indication of the incidence of such defects amongst children.

**DISTURBANCE OF SCHOOL ROUTINE.**—To enable the routine medical inspection of the scholars to be correctly carried out a certain amount of disturbance of the school routine is as necessary as it is inevitable. There is no reason to infer, however, that the disturbance reaches a magnitude of importance. Indeed in the majority of schools, where the accommodation is sufficient, the real extent of the disturbance is wholly negligible as by the simple expedient of using a small room, readily and cordially offered by the Head Teacher, the children are examined one by one simultaneously with the work of the classrooms. Where existent the School Clinics are used for the purpose.

In this connection it might be remarked that whatever disturbance is found necessary to the efficient execution of the work it is only a case of the end justifying the means. That medical inspection is necessary as an adjunct of vital importance to education is a truth that is now apparent to all. And when it is remembered that in this County it is only possible to conduct a routine inspection at a school once a year (there is no disturbance of school routine in the special inspections) the matter of disturbance may, I venture to think, be discounted altogether, particularly as I have not encountered, in the whole of my experience, any serious opposition to medical inspection on the part of the Teachers. On the contrary the

Teachers have invariably rendered valuable assistance to the Service in this County, and I think I can assert without reserve that they themselves, knowing the value of the work, would be pleased to have this type of "disturbance" much more frequently were such arrangements practicable.

## 5.—Findings of Medical Inspection.

### *Review of the facts disclosed.*

Despite the fact that only a few minutes can be devoted to the average child in the course of routine Medical Inspection, the schedule of examination prescribed by the Board of Education provides a very simple and efficient means of systematically and thoroughly examining every child and recording the findings in a uniform and consistent manner. From the records taken it is thus possible not only to know the number of children examined, but to ascertain the number of defects, under the respective heads, found amongst the children. Immediately after the inspection these records are reviewed at the Office and the necessary action taken with regard to the defects discovered. At the close of each year the records are tabulated with a view to securing the requisite statistics, and copies of the resultant Tables are forwarded to the Medical Department of the Board of Education, where they are reviewed and incorporated in the national statistics bearing upon the health of the school child.

The Tables despatched to the Board in respect of the year under review are found at the end of this Report. Table II gives a numerical summary of the defects found in the course of the year's inspections in this County. The following is a brief review of the facts therein disclosed, set out under the respective headings:—

(a) **UNCLEANLINESS.**—As I pointed out in my Report for 1923 the fact that parents know of the routine inspections in advance renders it impossible for the Medical Inspector personally to obtain accurate information as to the prevalence of conditions under this head. There is every reason to believe, however, that each successive year in the life of the School Medical Service has witnessed a general improvement in the standard of cleanliness amongst the scholars. When the School Doctor first paid his visits to the Schools of this County the number of cases found of children suffering from extreme verminous conditions was nothing less than appalling. It is now a very rare occurrence for the Medical Officer to discover the actual presence of pediculi (lice) upon a child, though of course it must be admitted that there are children in practically every school who are affected in a minor degree.

Under the direction of the Medical Officer the supervision of children suffering from conditions of uncleanness falls within the duty of the School Nurse. Each in her own district the Nurse periodically examines every child attending school, makes a record of each case found in any way below standard and keeps the case under supervision, visiting the home and

interviewing the parent as may be required. In Group V of Table IV which appears at the end of this Report, it will be seen that although the number of examinations increased from 64,060 in 1923 to 64,785 in 1924, the number of cases of uncleanliness found amongst the children decreased from 4,077 in 1923 to 3,356 in 1924. This to my mind shows that the difficult work of eradicating these conditions is gradually gaining ground. The two great enemies which the Service has to contend with are indifference and ignorance on the part of parents, both types of whom are with the utmost difficulty persuaded that the prevalence of vermin, instead of being of no importance, as many appear to think, is a potential if not prolific source of disease. From the remarks under this head appearing in my Report of 1923 it will be seen that the subject is of immense importance from the Public Health point of view.

A table showing the findings of the School Nurses and the results of their efforts, appears in Section 7 of this Report.

(b) MINOR AILMENTS.—Under this head are included certain Eye conditions (chiefly external, such as Blepharitis, Conjunctivitis, &c.), Ear conditions (Otitis Media, &c.), Skin conditions (Ringworm, Scabies, Impetigo, Eczema, Sores, &c.), Minor Injuries (Cuts, Bruises, Contusions, Wounds, Abscesses, Burns, Scalds, &c.), and any other conditions amenable to simple medical treatment. Such conditions, though not grave in themselves, are viewed always in a serious light as regards the need for treatment for two important reasons: firstly, they may, if neglected, lead to more serious physical trouble, and secondly, they are liable to cause in the aggregate much loss of school attendance.

The finding under this head are indicated in Table II of this Report. In Sections 8 (d) and (g) recorded in percentage for purposes of comparison, will be found summaries of the findings of the past few years in respect of a number of diseases which formerly were exceedingly prevalent amongst school children and responsible for much loss of school attendance.

From these summaries it will be seen that the general trend is towards improvement.

(c) TONSILS AND ADENOIDS.—Amongst the 4,282 children examined at the routine inspections of 1924 no fewer than 1,175 were found to be suffering from some abnormal condition of the nose or throat. Of this number 757 were considered to be in need of some form of treatment. These comprised 525 cases of Tonsillar enlargement, 48 cases of Adenoidal growth, 63 of enlarged Tonsils with Adenoids and 121 of other conditions, chiefly Mouthbreathing. Operative treatment was deemed advisable in 102 of the cases of Enlarged Tonsils, 7 in those of Adenoids and 21 in the cases where both conditions appeared together.

There is not the least doubt that these conditions have a very adverse bearing on the general health of the school child. Amongst the serious



disabilities frequently associated with them are ear complications, involving deafness, etc., obstructed respiration, nasal disease, tonsilitis or tonsillar abscess, asthma, catarrh, septic infection, deformity of face and chest, retardment of growth and development, mental backwardness, recurrent colds, bronchial conditions, etc. It has been the endeavour of my Staff in the past to impress upon parents the fact that these nose and throat conditions are serious and that much can be done towards preventing their appearance by inculcating in the children the principles of correct breathing, and of nasal and general hygiene. I am now pleased to be able to report pronounced indications that the parents are throwing off their apathy in this connection, are at last awakening to a sense of the seriousness of these conditions and more readily responding to persuasion in the matter of treatment.

Table II of the Report shows not only the cases found amongst the children examined in the routine inspections but also those found amongst the children specially examined.

(d) TUBERCULOSIS.—The incidence of Tuberculosis amongst children of school age is very small in comparison with that of the adult population, and all definite cases known in this County are under medical treatment. In view of these facts the School Medical Service would have very little to do in regard to this subject were the children actually afflicted its only concern. Tuberculosis, however, is fortunately a disease which is preventable; and in order to ensure that as much as possible is done in the nature of prevention the activities of the Service are directed not only towards securing efficient and up-to-date treatment for the actual sufferers but also towards precluding the establishment and development of the disease in children. Being a disease which far more readily establishes itself in a child who, whatever the cause, is in a run-down and debilitated condition the school children found within this category, as well as those whose family histories give indications of possible predisposition, are the cases in which the School Medical Service is primarily interested. The measures employed in dealing with such cases are given in Sections 8 and 16 of this Report. As the present Section is intended to deal only with the findings under this head particulars are given below of the cases of Tuberculosis discovered both in the routine and the special inspections. It should be observed in this connection that the cases shown as definite were only so recorded after examination and diagnosis by the Tuberculosis Officer, to whom all suspected cases were referred other than those already in the hands of a private practitioner.

				Pulmonary.		Non-	
				Definite.	Suspected.	Pulmonary.	
Cases requiring Treatment—							
Routine Inspections	...	...	1	...	8	...	8
Special Inspections	...	...	8	...	29	...	22

				Pulmonary.		Non-
				Definite.	Suspected.	Pulmonary.
Cases noted for Observation—						
Routine Inspections	...	...	...	2	...	2
Special Inspections	...	...	...	3	...	2
Total Requiring Treatment	...	...	...	76		
Total noted for Observation	...	...	...	9		
Grand Total of Cases Found	...	...	...	85		

(e) SKIN DISEASES.—The findings under this head have been commented upon in Sub-Section (b) of this Section, and additional notes on the subject appear in Section 8 (d). Statistical summaries relating respectively to the findings and the treatment are included in Tables 2 and 4. A Table showing the findings, in percentage, comparatively in respect of the last five years will be found in Section 8 (d).

(f) EXTERNAL EYE DISEASES.—As in former years Blepharitis and Conjunctivitis were the external eye diseases most frequently met with. In the routine examinations 54 cases of the former were found, and 51 of the latter. In addition the inspections revealed 2 cases of Keratitis, 1 of Corneal Opacity and 8 of other conditions. All these cases were recorded as requiring treatment, an additional total of 19 being noted for observation only.

(g) VISION.—275 cases of defective vision were found in the routine examinations and 58 cases of Squint. Of these 144 and 38 respectively were considered to be in need of treatment, the remainder being noted for observation.

Since it is by the eye that the child chiefly learns it is apparent that a serious duty devolves upon the Education Authority, particularly as it has been noted that in a large proportion of the cases the parents are unaware of the condition. This is one of the most important of the defects which afflict the school child and in the light of the fact that it is largely preventable the remarks on the subject which appeared in my Report for 1923 are worthy of perusal.

(h) EAR DISEASE AND HEARING.—The findings under this classification are recorded in Table II and commented upon in (b) of this Section. A review of the findings of the past five years in regard to Otorrhœa (the most prevalent of these conditions) is given in Section 8 (g). The figures seem to indicate a gradual tendency towards reduction in the incidence.

(i) DENTAL DEFECTS.—The figures show that this condition is by far the most prevalent of the physical ills which affect the school child. The teeth of all the children of the prescribed age-groups are examined at the routine medical inspections and a record is made in the case of each child as to whether it has a sound set of teeth, fewer than four decayed or



more than four decayed. In the course of the year's inspections 1,445 children were found to have sound teeth, 2,140 had fewer than four and 697 four or more decayed. These figures in themselves reveal a deplorable state of affairs, but when it is remembered that 1,289 entrants (i.e., children of the age of six and under) are included in the number examined it must be admitted that the findings are nothing less than appalling, seeing that it is only amongst the infants that the sound teeth are generally found.

As the County has a full-time School Dental Service the findings of the Dental Surgeon will be of additional interest, seeing that they reveal the position in reference to one prescribed age-group of children. Out of a total of 2,453 children of the ages of 6 and 7 years no fewer than 1,170 were found by him to be in need of some form of radical treatment. In other words 47.6 per cent. of the children examined at the most critical age, which is of course the age at which the child sheds its temporary teeth and its permanent teeth begin to erupt, were found to be in need of attention.

The fact that dental caries and oral sepsis are in the aggregate more responsible for sickness, invalidity and inefficiency than any other physical ailment known to science is one which is still unrealised by the parent of the present day. In it lies the greatest of the difficulties encountered by the School Medical Service—the overcoming of the apathetic attitude of parents who cannot or will not believe that a so-called minor ailment of this character can lead to very disastrous consequences. In my Report of 1920 I described in detail the very serious disabilities resultant upon dental neglect, and I would strongly commend a perusal of those particulars to all who have the efficiency and the physical welfare of the nation at heart.

A statistical summary of the work accomplished by the Authority's School Dental Service is given in Group 4 of Table IV at the end of this Report.

(j) **CRIPPLING DEFECTS.**—Broadly under this heading are included all exceptional cases, or those children who are suffering from defects of a “crippling” nature in the sense that they are thereby rendered unable to derive full benefit from the education provided at an ordinary elementary school. Amongst the chief may be enumerated Blindness, whether complete or partial, Deafness, with or without Dumbness, Mental Deficiency, Epilepsy, Tuberculosis, active or incipient, Heart Disease, Anæmia, Paralysis, Rickets, Major Deformities, and certain cases of Chorea, Malnutrition and Debility. To these might be added some of the rarer but more serious forms of infectious disease, such as Encephalitis Lethargica. These conditions may be divided generally into two classes from the point of view of dealing with them suitably. In the first class fall the pronounced or severe cases—those children who cannot derive any benefit whatever from the instruction given in a public elementary school. The second class comprises those the degree of whose defect does not render them wholly unfit to attend and derive benefit from the ordinary school. The former class are those for whom

nothing less than Special Institutions are indicated, either for their education or the treatment of the defect; the latter may be provided for at the elementary school under suitable arrangements.

It is obvious that such cases concern the School Medical Service much more than pertains to the ordinary routine inspection arrangements. In other words it is not sufficient to rely solely on the Medical Officer's routine school visits for the purpose of "ascertaining" the children so suffering, the earlier the ascertainment and treatment being of such vital importance in the matter of remedying the conditions. It is therefore a practice of the Service to maintain alertness in informing itself of every case at the earliest practicable moment, and to this end the services of the Infant Welfare Staffs, the Health Visitors, Head Teachers, School Attendance Officers and all agencies in a position to help are requisitioned to the utmost possible. Cases which thus come to the Medical Officer's notice, in addition to those personally found by him, are then noted with a view to early examination, registration and treatment. Full particulars as to the methods employed in dealing with these cases appear in the appropriate sections of this Report. A statistical summary of the known cases appears in Table III.

In the narrower sense of the word "Crippling" as applied to conditions found amongst school children, modern surgery has made enormous advances in the last few years with the result that cases categorised as bone and joint affections, deformities and the sequelae of poliomyelitis, paralysis, congenital malformations, &c., can be operatively remedied, or at any rate substantially improved. With this object Orthopædic Clinics and Treatment Centres are being formed throughout the country, the efforts at which are being attended with immense success. In due course it will be found that in the areas where these schemes exist the evil of the school child cripple is being to a great extent checked at its source and the need for the costly education of such children at special institutions diminished.

Further remarks under this head appear in Section 8 (i) of this Report. In regard to the figures in Table III it should be remembered that the cases comprised are only those for which special institutional arrangements are indicated. They do not include the cases for whom the ordinary elementary school can satisfactorily attain its object. Accurate classification in connection with these exceptional children, particularly under some of the headings, is often a matter of difficulty, many cases requiring to be kept under more or less prolonged observation prior to diagnosis. To all who are interested in this subject—and it is one which is claiming serious attention at the present time—I would strongly recommend perusal of "The Child with the Special Defect" which appears in the 1923 Report of the Chief Medical Officer of the Board of Education.

(k) OTHER DISEASES AND DEFECTS.—The majority of the classifications in Table II have been dealt with in the foregoing remarks in this

Section. There are other conditions among school children, however, worthy of notice before the findings of medical inspection, as a subject for consideration, are passed by. These have been classified in the Table as Minor and Major.

The Minor defects comprise those conditions as are of a less serious nature and readily amenable to treatment. They include cuts and abrasions, simple wounds, and the lesser ailments common to children—in fact all those minor defects which are unrecorded under the main headings of Table II. 129 of these ailments were found to require treatment and 186 referred for observation.

The Major ailments are those of a type more serious in their bearing upon the health of the child. They include cases of Thyroid enlargement, Debility, Nephritis, Abdominal trouble, Infectious Diseases, &c. Grouped under this head 222 cases were found requiring treatment as against 128 referred for observation.

## 6.—Infectious Diseases.

I dealt exhaustively with this subject in my Report for 1923, and as there were no changes in the arrangements very little remains to be said in respect of the year under review.

Individual children who were found either by the School Medical Inspector or by the School Nurse to be suffering from infectious disease were excluded from School with a view to preventing the spread of the infection, and children from infected homes who were liable to be carriers of the disease were similarly dealt with.

The following Table shows the number of children excluded for the various specified causes during the year:—

### CHILDREN TEMPORARILY EXCLUDED FROM SCHOOL.

Cause.				Totals.
Skin Diseases—Ringworm	...	...	...	81
Scabies	...	...	...	16
Impetigo	...	...	...	32
Other	...	...	...	16
Eye Conditions	...	...	...	17
Ear Diseases	...	...	...	6
Nose and Throat Conditions	...	...	...	68
Heart Affections	...	...	...	3
Lung Conditions (Non-Tubercular)	...	...	...	29
Glands (Non-Tubercular)	...	...	...	9
Tuberculosis—Pulmonary—Definite	...	...	...	5
Suspected	...	...	...	11
Non-Pulmonary	...	...	...	10

Cause.	Total.
Nervous Conditions ... ..	6
Deformities ... ..	2
Infectious Diseases ... ..	93
Debility ... ..	82
Minor Injuries ... ..	31
Miscellaneous—Major ... ..	47
Minor ... ..	68
Total ...	<hr/> *632 <hr/>

\* In addition a number of children (46) were excluded for short periods, varying from 1 to 3 days, on account of uncleanness conditions.

When rendered necessary as a means of checking epidemics of infectious disease school closure was resorted to. Sixty-nine departments were so affected during the year, as will be seen from the following summary:—

#### SCHOOLS CLOSED ON ACCOUNT OF EPIDEMIC SICKNESS DURING 1924.

Certified Cause.	Number.
Measles ... ..	19
Measles and Chicken Pox ... ..	1
Whooping Cough ... ..	3
Whooping Cough and Influenza ... ..	1
Whooping Cough and Chicken Pox ... ..	1
Scarlet Fever ... ..	18
Scarlet Fever and Diphtheria ... ..	1
Mumps ... ..	7
Chicken Pox ... ..	2
Influenza ... ..	16
Total ...	<hr/> 69 <hr/>

The following figures are of interest as they serve to indicate to Teachers and others concerned the seriousness of infectious diseases in children. The fact that quite apart from the possibility of death associated therewith many serious complications involving permanent invalidity frequently follow an attack is one which should be continually borne in mind:—



DEATHS FROM INFECTIOUS DISEASES, DURING THE YEARS  
SPECIFIED, OF FLINTSHIRE CHILDREN AGED  
UNDER 15 YEARS.

Certified Cause of Death.			Number of Deaths.			
			1922	1923	1924	
Measles	...	...	22	4	15	
Whooping Cough	...	...	19	10	6	
Diphtheria	...	...	6	6	4	
Scarlet Fever	...	...	1	1	—	
Influenza	...	...	23	8	6	
Tuberculosis	...	...	17	41	10	
Bronchitis	...	...	18	11	9	
Pneumonia	...	...	58	40	46	
			164	121	96	

### 7.—Following Up.

Routine medical inspection is the means whereby diseases and defects existing among school children are discovered, the parent being on this occasion instructed and advised regarding the child's condition, and the need for and manner of treatment. An additional duty, however, devolves upon the School Medical Service—that of taking steps to ensure, in the child's interests, that the defects discovered receive medical attention. This work is generally referred to as "following-up." Medical Inspection loses much of its value if the instructions and advice given are not carried out, and there is ample reason to believe that were it not for the following-up arrangements many children would suffer, perhaps permanently, from the want of treatment.

In this County the work of following up is for the most part in the hands of the Authority's School Nurses. Following each medical inspection a card is issued to the Nurse concerned giving the name, address, and school, together with particulars of the defect and instructions relative to its treatment in respect of each child found suffering from a defect requiring attention. The Nurse then visits the home, interviews the parent and generally supervises the case until suitable treatment is obtained.

Needless to say this work calls for an immeasurable amount of tact on the part of the Nurse, and what is best in her is shown by the results obtained. A strength of personality, unflagging energy, and zeal and devotion to the work, are also attributes of the best Nurses in combination with alertness and hardihood. A School Nurse's duties are not by any means easy of accomplishment even under the best conditions, and remembering the physical nature of the County in which they work I feel it a duty on my part to place on record the excellent manner in which our Nurses have carried out their varied and multifarious tasks.

It has been exceedingly gratifying to note for some years past, particularly during the year under review, that the School Nurse is not the necessary evil and meddlesome official that she was formerly considered to be by a high proportion of the parents. She is now being more and more regarded in the light of a very human person, sympathetic and extremely helpful, only too willing and ready at all times to advise and assist the harassed mother of a family, and whereas in the early days of the Service she often had difficulty in obtaining access to the home she is now warmly welcomed. Indeed it is quite a common experience for a Nurse, whether acting as School Nurse or Health Visitor, when paying a visit to one house in a street or district to be asked in to another house for the benefit of her advice on some maternal problem affecting the health of a child or children.

The visitation of the home is a real necessity in the rural districts of the County; more particularly because of the impracticability of opening Clinics to meet their needs. In the more thickly populated areas, however, much of this arduous work is eliminated by the establishment of School Clinics, at which parents attend for consultation and children for treatment. There are two such Clinics in Flintshire (excluding a third which is conducted only for inspection and consultation purposes), and from the figures given in the two Tables which appear in Section 8 it will be at once seen that they are becoming increasingly appreciated by the parents.

The following Table serves to indicate the extent of the School Nurses' activities and the results thereof during the year under review. It should be noted in this connection that this summary does not comprise any of the work of the School Clinics:—

#### NURSES' CASES.

Disease or Defect.	Number of Cases.	Result of Visits, Advice given, etc.					
		Remed- ied.	Im- proved.	No Change.	Not Treated.	Not Re-exa- mined.	
Dirty	217	165	28	4	1	19	
Vermineous	3356	1876	1199	180	42	59	
Clothing and Footgear	343	160	115	40	10	18	
Skin—Ringworm	91	80	6	1	—	4	
Impetigo	352	259	53	12	—	28	
Other	197	119	35	19	1	23	
Ear Disease	110	33	50	17	1	9	
Ext. Eye Disease	478	206	144	67	22	39	
Other Diseases	1841	826	531	259	105	120	
Totals	6985	3724	2161	599	182	319	



## 8.—Treatment.

The seriousness of the duty which to-day devolves upon the local Education Authority can only be fully appreciated when it is remembered that there exists unquestionably a close inter-relationship between (1) the physical condition of the school child, (2) the education of the child, and (3) the health and efficiency of the race. While Medical Inspection as a means of discovering the disabilities affecting school children is of immense value in itself it becomes of infinitely more service to the community when it forms part of the greater scheme of ensuring treatment for the ailing children found.

Excluding the ordinary parental attentions there are two main sources of treatment available to the school child, that of the family doctor being the foremost in accessibility and importance. He is undoubtedly the man on the spot and, by virtue of his knowledge of the medical, social and environmental circumstances of the family, best in a position to treat the child. It is the custom of the Medical Service, therefore, on finding a child requiring medical attention, to advise the mother to consult her doctor, and this practice is strictly adhered to in every case where the parents' financial position enables her to do so. There are, however, many parents who are utterly unable to afford this course and in consequence the child would have to remain without treatment were it not for the second means available, namely, the securing of treatment with the assistance of the local authority.

The local education authority to-day is as directly concerned with the medical treatment of an ailing child as it is with its education. Unless the former is ensured, one way or another, the latter must prove largely unproductive if not futile. It is obvious, therefore, that a duty of paramount importance devolves upon the authority in connection with the treatment of the child whose parents cannot afford to secure treatment under private arrangements.

It has been found that the difficulty of persuading a parent to obtain treatment for a major defect is not nearly so great as it is in the case of a minor ailment. The aim of the School Medical Service is not only treatment but prevention, and defects which appear to the parent to be insignificant are therefore of special interest as it is by the early ascertainment and the prompt treatment of the minor ailment that the development of the major ailment is very frequently prevented. But the minor ailment is generally only first detected by the School Doctor or the Nurse, and the fact that even when it is detected the parent considers it insignificant probably accounts for the difficulty mentioned. At any rate the truth remains that as treatment in its initial stages is the surest way of remedying a defect it behoves an authority, for economic as well as health reasons, to secure that the child suffering from the minor defect does not go untreated.

By most of the larger authorities of England and Wales this duty has been carried into effect by the establishment of school clinics, equitably distributed throughout their area, for the treatment of minor ailments and by arrangements with infirmaries, hospitals and specialists for major diseases and defects. In a rural area such as ours the comprehensive arrangements practicable in a borough (for example) are not easy of attainment. This fact, however, does not reduce the authority's obligations in the least. It remains therefore for the authority to do its uttermost with the means at its disposal to ensure that the ailing child is treated.

The arrangements which operated in this County during the year are shown below:—

**DEFINITE SCHEMES DRAWN UP BY THE AUTHORITY AND SPECIFICALLY APPROVED BY THE BOARD OF EDUCATION.**

Minor Ailments (Skin, Ear and Eye Diseases, &c.	The School Clinics at Shotton and Holywell.
Defective Vision and Squint (including supply of Spectacles).	The School Clinics at Shotton, Holywell and Mold, and also at the Schools.
Tonsils and Adenoids (Operative treatment).	Chester Infirmary and the Hospitals at Rhyl (two), Mold and Holywell.
Tuberculosis (Definite or Suspected, Active or Latent, Pulmonary and Non-Pulmonary).	The King Edward VII. Welsh National Memorial Association (6 Clinics in Flintshire and one Hospital).
Special Eye Defects.	Chester Royal Infirmary.
Dental Defects.	Authority's School Dental Service.

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**ARRANGEMENTS IN OPERATION APPROVED BY THE BOARD IN A GENERAL SENSE.**

Nose and Throat Conditions (Gargling, Exercises, &c.)	The School Clinics at Shotton and Holywell.
Debility, Lassitude, Night Sweats, Chest Conditions, &c.	The School Clinics at Shotton, Mold and Holywell (Supervision only), Leeswood Hospital Fund (see Sec. 16)
Crippling Defects (Individual cases as required).	Special Schools or Institutions. Hospitals and Infirmaries. Chester Orthopædic Clinic.
Crippling Defects (General Orthopædic Treatment).	Authority's Scheme (1925), Board's approval pending.
Uncleanliness, Neglect, &c.	Authority's Nursing Service. National Society for Prev. of Cruelty to Children.
General—(Miscellaneous cases of major defects as required).	Hospitals and Infirmaries of Liverpool and Chester.

In connection with the foregoing it should be noted that parents are required to contribute towards the cost of the treatment according to their means. During the year under review the sum of £37/13/1 was collected in this manner. The treatment was free, however, to all parents whose weekly income was ascertained to be below the standard fixed by the Authority. Due enquiries were made in every case.

**THE SCHOOL CLINICS.**—This form of provision for dealing with the defects of school children has been described by the Chief Medical Officer of the Board of Education as “the most effective, economical and popular arrangement instituted by Education Authorities.” In the twelve years which elapsed between 1907 and 1919 there were established in England and Wales six hundred school clinics; during the period 1919 to 1923 four hundred more were established, making a total of upwards of a thousand and representing the recognition of their value by 304 Education Authorities.

In Flintshire there are two treatment Clinics in active operation. They are situated respectively at Shotton and Holywell, in premises belonging to the Education Authority. The Shotton Clinic is attended twice weekly by the Assistant School Medical Officer—9-30 a.m. to 12 noon, on Monday and Thursday—and the Holywell Clinic by the School Medical Officer once—1 to 4 p.m. on Friday. Both Clinics are also open for a short time each morning, attended by the School Nurse.

Details have been given in previous Reports as to the work carried out and it is apparent that the Clinics are becoming increasingly appreciated by the parents. In respect of the year under review the individual children dealt with, and their attendances, are shown in the following Table in comparison with previous years:—

#### SHOTTON CLINIC.

			1922		1923		1924
Individual Children	...	...	531	...	821	...	1290
Total Attendances	...	...	1715	...	1748	...	3605

#### HOLYWELL CLINIC.

			1922		1923		1924
Individual Children	...	...	60	...	303	...	375
Total Attendances	...	...	114	...	907	...	1528

The following Tables give numerical particulars of the defects dealt with and the results obtained:—

# SHOTTON CLINIC.

Disease or Defect.	Requiring Supervision and Treatment.		For Super- vision only.	For One Inspection only.	Under Auth- ority's Ar'ngment.	By Hospital Doctor.	Other- wise.	RESULTS.			Children's Total Atten- dances.
	Reme- died.							Im- proved.	No Change.		
Skin—Ringworm—Head	28	—	—	1	25	1	2			25	2
"    —Body	37	—	—	—	36	—	1	33	3	1	142
Impetigo	46	—	—	1	44	2	—	43	2	1	143
Scabies	8	—	—	—	4	3	—	6	1	—	24
Sores, &c.	95	—	—	3	70	6	9	76	9	—	262
Other	31	3	3	3	26	6	3	27	7	1	97
Ear—Hearing	1	10	—	—	—	2	—	1	1	—	13
Otitis Media	16	—	—	2	8	4	1	4	8	1	87
Other	6	—	—	—	5	—	—	5	—	—	23
Nose & Throat—Non-Operative	95	19	—	6	70	6	2	55	17	6	224
Operative	48	—	—	—	—	31	—	28	3	—	128
Eye—Blepharitis	23	—	—	—	22	—	—	11	11	—	66
Conjunctivitis	27	1	1	1	26	1	1	22	6	—	42
Keratitis	2	—	—	—	—	2	—	1	—	1	2
Other	13	—	—	2	6	4	—	9	1	—	41
Vision and Squint	49	14	—	1	25	13	4	14	23	5	151
Minor Injuries	179	4	4	12	170	6	2	164	14	—	486
Uncleanliness	16	—	—	2	2	—	9	2	8	1	50
Cervical Glands	9	12	1	1	5	2	2	7	1	1	37
Dental Conditions	23	5	2	2	1	—	7	7	1	—	33
Heart	2	4	—	—	—	1	—	—	1	—	9
Lungs (Non-Tuberc.)	21	2	2	—	6	8	6	14	6	—	87
Tuberculosis—Pulmonary	11	2	—	—	10	2	—	—	9	3	132
Non-Pulmonary	14	1	1	1	10	4	—	6	8	—	21
Nervous Conditions	6	—	—	—	—	6	—	—	5	1	24
Deformities	10	—	—	—	1	9	—	2	6	2	69
Enlarged Thyroid	10	4	—	1	4	4	—	—	7	1	80
Debility	33	7	—	—	20	11	3	11	22	1	211
Infectious Diseases	65	8	4	4	2	15	42	61	—	—	175
Miscellaneous—Minor	116	31	28	28	84	13	7	86	16	2	380
Major	47	5	—	—	2	32	4	19	17	2	181
Totals	1087	132	71	684	194	105	739	215	31	3605	



# HOLYWELL CLINIC,

CASES REFERRED TO CLINIC, TREATED.

Disease or Defect.	Cases Referred to Clinic,			Treated.		Results. <sup>1</sup>	Children's Total Attendances.
	Requiring Supervision and Treatment.	For Super-vision only.	For One Inspection only.	Under Authority's Arrangements.	By Hospital or Private Doctor.	Im-proved.	
Skin—Ringworm—Head	10	—	—	6	2	9	36
—Body	3	—	—	1	1	2	11
Impetigo	13	—	—	8	4	12	40
Scabies	7	—	—	4	2	7	31
Sores, &c.	33	—	—	21	9	30	94
Other	8	—	—	2	4	3	38
Ear—Hearing	6	—	—	3	1	5	18
Otitis Media	9	—	—	7	2	4	78
Other	3	—	—	2	—	3	21
Nose & Throat—Non-Operative	33	7	—	9	10	14	120
Operative	23	—	—	10	5	15	59
Eye—Blepharitis	16	—	—	10	4	10	88
Conjunctivitis	5	—	—	1	2	3	28
Keratitis	1	—	—	—	1	—	3
Other	1	—	—	—	—	1	2
Vision and Squint	35	—	7	19	10	26	97
Minor Injuries	21	—	—	8	3	21	56
Uncleanliness	9	—	—	7	—	7	77
Cervical Glands	5	—	—	—	3	2	20
Dental Conditions	3	—	—	—	3	3	10
Heart	6	—	—	—	3	1	29
Lungs (Non-Tuberc.)	14	—	—	—	6	9	109
Tuberculosis—Pulmonary	16	—	—	—	16	4	122
Non-Pulmonary	2	—	—	—	2	2	28
Nervous Conditions	7	—	—	—	5	—	43
Deformities	14	—	—	—	11	3	81
Enlarged Thyroid	4	—	—	—	3	—	13
Debility	19	—	1	4	5	10	94
Miscellaneous	32	—	2	4	8	27	82
Totals	358	7	10	126	125	86	1528

Section 5 of this Report dealt with the "findings" of medical inspection, the various diseases and defects being classified under suitable heads and their incidence and causation commented upon. In the present Section it is proposed to refer briefly to the work of the Service in connection with the treatment of the defects so discovered. Numerical summaries relative to this branch of the work are given in the appropriate Tables at the end of the Report.

(a) MINOR AILMENTS.—The defects comprised under this head are those shown in Group I of Table IV. The total number of cases recorded as requiring treatment was 1,188. Of these 368 were discovered in the routine and 820 at special inspections. The number of cases ascertained to have received treatment during the year was 1,112, representing a percentage of 93.9 as against 91.2 the previous year. 795 received their treatment under arrangements made by the Authority and 317 under other arrangements.

(b) TONSILS AND ADENOIDS.—Out of the 4,282 children examined at the routine inspections, 1,175 (or 27.4 per cent.) were found to be suffering from adverse nose and throat conditions, the majority being cases of tonsillar enlargement or adenoidal growth. Adding those examined at the special examinations, however, the total found suffering is increased to 1,493. Of this number no fewer than 157 were considered to require surgical treatment, and in all these cases the parents were apprised of the seriousness of the condition and recommended to take steps to secure operative treatment at the nearest hospital or at the hands of a qualified surgeon. At the close of the year it was ascertained that this advice had been followed in 135 cases, of which number 21 availed themselves of the Authority's Treatment Scheme. The remaining 114 secured the treatment under private arrangements with Hospitals or local Surgeons.

Deducting these 157 cases from the 1,493 found affected it will be seen that 1,336 children were recorded as suffering in a lesser degree from nose and throat affections. In 458 of these, however, the condition was considered to be only of a slight and probably temporary nature. These therefore, were simply noted for observation, the parents being advised as to corrective and precautionary measures.

In the remaining 900 of the cases, however, which number of course includes the 22 who failed to secure operative treatment, the condition was such as to warrant a more definite form of treatment—suitable throat gargling, breathing exercises, dental and general hygiene, &c. Of these it was ascertained that 638 received treatment, the parents having carried out the advice given at the inspections.

Reference to Section 5 (c) in connection with this subject will show that very grave consequences are liable to follow neglect of these conditions. Serious as they are upon the individual sufferer the subject generally is



no less so to the Education Authority, as the greater the number of children allowed to leave school untreated, the higher is the proportion of sickness, disability and inefficiency in the community. Hence the nation suffers, and the loss to the State is immeasurable.

While the prevalence of parental ignorance is certainly recognised it is doubtful if the importance of the subject is fully realised even by those who are directly concerned with the communal welfare. During the year 1923 an inquiry was conducted in London with the object of ascertaining the effect, if any, of the presence of enlarged tonsils and adenoids on the susceptibility to infectious disease. Generally held that the presence of enlarged tonsils in a child increases the risk of contracting infectious disease and that removal of the tonsils (and adenoids) diminishes this risk, it was found in one school that one in nine children with enlarged and untreated tonsils suffered from scarlet fever as against one in twenty-eight of the others. In another school the incidence of infectious disease upon the school children generally was found to be 28 per cent., whereas upon those who had been operated upon for enlarged tonsils and adenoids this incidence was only 4.8 per cent. Numerous examples were found of a child who had been operated upon having been subsequently intimately exposed to infection without contracting the disease. An inquiry by the Aural Surgeon of a provincial Authority was also conducted during that year. It concerned itself with the effects of operation for these conditions, and the findings were that it "reduced irregular school attendance, retardation, deafness and malnutrition."

Before leaving the subject I would like further to quote the Chief Medical Officer of the Board of Education who, in his Report for 1921, said "there are grounds for believing that the removal of diseased tonsils and adenoids on the advice of the School Doctor has resulted in a substantial decrease of glandular tuberculosis."

(c) TUBERCULOSIS.—Comments on the incidence of Tuberculosis amongst Flintshire school children appear in Section 5 (d), where it will be seen that 85 cases were noted as requiring either treatment or observation. Of the 79 recorded as requiring treatment, the end of the year revealed the fact that 72 were treated—36 under the Authority's arrangements as described below and 36 otherwise, i.e., by the family doctor or at hospital.

Those treated under the Authority's arrangements received the treatment at the hands of the King Edward VII Welsh National Memorial Association—a national and voluntary organisation (granted the Charter of Incorporation by the King in Council in 1912), which was established in 1910 as a National Memorial to the late King Edward VII, having as its ultimate objective the total eradication of tuberculosis from the Principality of Wales. Under agreements made between the Council of this Association and the County Councils in Wales cases of definite or suspected tubercu-

losis are examined by the District Tuberculosis Physician and treated as required under one or more of the following heads:—(a) domiciliary, (b) open-air school, (c) farm colony, (d) sanatorium, (e) hospital, with the provision of any necessary surgical treatment at either (d) or (e). In consideration the County Councils pay an annual monetary grant to the Association.

In the course of school medical inspection, routine or special, no effort is spared in the endeavour to ascertain cases falling under this head. The history and particulars of all cases found are recorded and the children classified as pre-disposed (based on the family history), suspected (with details as to history, condition, &c.), or definite (with particulars, localisation, &c.), in a register kept for the purpose.

The delicate child is kept under careful supervision and re-examined as frequently as possible, the parent being advised regarding its care. The case suspected to be suffering from tuberculosis is referred to the Tuberculosis Physician, the parents being urged to take the child without delay to the nearest Tuberculosis Clinic for diagnosis and advice from the Tuberculosis Physician. Cases which are considered by the School Medical Inspector to be definite are of course similarly referred. In some cases the Tuberculosis Physician is informed by letter of the name, postal address and particulars of a child so that he may, in the event of the parents' failure to attend the Clinic, make suitable arrangements to see the child. All "definite" cases are excluded from school.

The Tuberculosis Physician reports to the School Medical Officer upon all children examined by him and the cases are followed up assiduously. He also notifies all definite cases to the Medical Officer of Health of the district in which the child resides.

There are 6 Tuberculosis Clinics conveniently available to Flintshire children. They are situated and opened as follows:—

Dispensary.	Dates and Times.
Wrexham—3, Temple Row	Mondays, 2 p.m.
	Thursdays, 10 a.m.
Visiting Stations.	
Buckley—Council Chambers	1st & 3rd Tuesdays, 10-30 a.m.
Connah's Quay—Central Buildings	2nd & 4th Tuesdays, 11 a.m.
Greenfield—Liberal Club Buildings	2nd & 4th Wednesdays, 2 p.m.
Mold—New Town Hall	Every Wednesday, 11 a.m.
Rhyl—27, Water Street	1st & 3rd Fridays, 2 p.m.
Penyffordd—Meadowslea Hospital	1st & 3rd Tuesdays, 2 p.m.
	2nd & 4th Wednesdays, 2 p.m.

(d) SKIN DISEASES.—All the cases of skin disease discovered during the year's inspections and recorded as requiring attention received treatment during the year, the greater proportion being treated under the Authority's arrangements, either at the School Clinics or at the homes under the Nurses' supervision. By the effective and prompt treatment of these minor ailments, says the Chief Medical Officer of the Board of Education, a great deal of absence from school is avoided, and much petty suffering saved.

The records of the past few years show a general tendency towards decrease in the prevalence of skin diseases. The following figures are the findings of the routine medical inspections, in percentage:—

Disease.	1919	1920	1921	1922	1923	1924
Ringworm ...	0.70 ...	0.44 ...	0.32 ...	0.19 ...	0.16 ...	0.32
Scabies ...	0.26 ...	0.41 ...	0.32 ...	0.21 ...	0.33 ...	0.28
Impetigo ...	1.05 ...	0.62 ...	0.46 ...	0.39 ...	0.29 ...	0.28

(e) EXTERNAL EYE DISEASES.—By these are comprised the minor diseases of the eyelids and the conjunctiva, conditions that are amenable to simple treatment when properly carried out. Of the 224 cases recorded as requiring treatment 212 were ascertained to have received treatment during the year—151 under arrangements made by the Authority and 61 otherwise. 65 of the former number received their treatment at the Shotton and Holywell School Clinics. There is no doubt that the early and efficient treatment of such conditions is preventative of the development of eye defects of major seriousness.

(f) DEFECTIVE VISION.—I would like to repeat the observations contained in my last Annual Report regarding this subject in order to emphasise upon teachers the importance of acquainting themselves with the visual powers of the children under their charge. The visits of the School Medical Inspector cannot be frequent under the existing administrative arrangements, especially in the case of rural schools, and it therefore behoves teachers to take an active and incessant interest in the matter, as promptitude of treatment in the early stages is so highly desirable in the remedying of the defect. It is suggested accordingly that teachers should not wait for the next visit of the Medical Inspector but should take immediate steps to communicate any suspicions they may have concerning a child's eyesight to the parents, advising them at the same time to consult a medical man regarding the condition. Being a defect which is a handicap during school years and in after life it is obviously unfair to allow a child for want of timely action, to pursue its studies under such great disadvantage, or to leave school to enter the battle of life partially crippled at the outset.

The preventability of the defect should be borne in mind by teachers. If there are any means whatever of improving the lighting arrangements in a school or class it is the duty of the teacher to see that these means



are utilised to the utmost, and that the possibility of eye-strain on the part of the scholar is reduced to a minimum, if not wholly eliminated. Most cases of visual defect arise from eye-strain in the first place. Once established the defect grows worse if not attended to, frequently culminating in blindness.

Defective Vision, in order of prevalence, is the third on the list of common defects found among school children. During the year under review 182 (4.25 per cent.) were found in the routine inspections suffering to such an extent that treatment was considered advisable, while another 151 were recorded as suffering in a lesser degree and noted for further observation. Adding the cases found in the special inspections a total of 317 were found in need of treatment. Of these 300 received treatment during the year—116 under the Authority's Scheme, 147 from practitioners or hospitals, the majority being on the advice of the School Medical Inspector, and 37 otherwise. Of the 300 children treated, 237 actually received spectacles during the year.

(g) EAR DISEASE AND DEFECTIVE HEARING.—Defective hearing was found to affect 64 of the children examined in the routine inspections, while the special inspections revealed an additional 21 so suffering. Of the 85 forming the total 14 only were considered to be cases which called for treatment, the remaining 71 being referred for further observation on the grounds that the condition was believed to be associated with other defects, principally nose and throat ailments, the treatment of which would probably result in the removal of the hearing deficiency. All the cases referred for treatment received it during the year, 5 of them under the Authority's arrangements and 7 at hospitals or at the hands of the private practitioner.

The ear disease most frequently encountered was Otorrhœa, of which 53 cases were found. Of the total of 68 cases of ear disease discovered, however, 63 were elicited to have received treatment during the period under review, the Authority being directly responsible for the treatment in 33 of the cases.

Very serious results attend the neglect of Otorrhœa (discharging ears) and it behoves parents and teachers to view the presence of this disease in a child as a matter calling for whole-hearted attention. In the areas catered for by the Clinics all the cases found are referred for clinical attention. All the other cases are followed up at the homes by the School Nurses, who instruct the parents in the manner of treatment and encourage them to persevere in the arduous task of remedying the condition.

The figures for the past few years show that the Service is steadily gaining ground as far as the prevalence of this disease is concerned. The following percentages indicate the comparative findings of the routine inspections since 1919 :—



Disease.	1919	1920	1921	1922	1923	1924
Otorrhœa (Discharging Ears)	1.31 ...	1.20 ...	1.08 ...	0.67 ...	0.57 ...	0.60

(h) DENTAL DEFECTS.—According to the Report of the Chief Medical Officer of the Board of Education no less a proportion than two-thirds of the whole school population of England and Wales are suffering from dental disease. While the immediate effects of this condition are comparatively slight (though even during school life it is responsible for much unhealthiness in individual children), there is little doubt that in its ultimate effects it is both a predisposing and exciting cause of many conditions of ill-health, and therefore, until some means can be found for its prevention, the cure of this disease must be regarded as one of the most urgent problems of the School Medical Service.

Confining the subject to the County of Flint it is found that the routine medical inspections of 1924 revealed 2,837 children out of 4,282 suffering from carious teeth, representing a percentage of 66.25 of the number examined.

In Table IV (4) of the present Report appears a numerical summary which indicates the extent of the treatment carried out under the Authority's arrangements during the year under review. From this it will be gathered that 1,082 children received treatment. Estimating the school population at 17,500, and allowing that approximately two-thirds of this number are in need of treatment, it is seen that only 9.2 per cent. of the number requiring treatment received it under the provisions made by the Authority.

Startling as these figures may appear, however, there is much gratification in the knowledge that as much as possible is being done under existing facilities in the gigantic task of dealing with the subject. Traveling, writing, inspecting, persuading, packing and unpacking, sterilizing—all these are items which take toll of the time of a School Dental Surgeon, and when a rural area such as ours has to be served the time available for treatment, with only one officer to carry out all these duties, is lamentably reduced.

(i) CRIPPLING DEFECTS AND ORTHOPÆDICS.—This subject is now commanding the attention of a very large number of Education Authorities and Voluntary Agencies in the United Kingdom. Modern surgery having made such advances in the last few years it is confidently hoped that the great majority of crippled children will be able at no distant date to take their place amongst the fit in the elementary school.

There was no definite scheme for the treatment of crippled children in operation in Flintshire during 1924. A useful amount of treatment was secured, however, for individual cases as the opportunities arose, 4 cases being treated under direct arrangements made by the Authority and 38 under private arrangements, on the School Medical Officer's advice and suggestions. Thus the total who received some form of treatment during the year was 42 out of 53 recorded as needing it.

During the early months of 1925 a scheme has been drawn up by the Authority which at the moment of writing only awaits the approval of the Board of Education and the Ministry of Health—the former as regards the orthopædic treatment of school children and the latter the treatment of the child of pre-school age.

Briefly the scheme provides for the establishment of an Orthopædic Clinic in the County, properly conducted by an expert Medical and Nursing Staff, and an agreement with a suitable Orthopædic Hospital for the admission of children as in-patients for surgical treatment, the Authority being responsible for the required payments wholly or partially according to the parents' means. I hope to be able to report more fully on the working of the approved scheme in my next Annual Report.

Cases which are of tubercular origin will of course continue to be treated under the auspices of the King Edward VII Welsh National Memorial Association.

### 9.—Open Air Education.

There seems at last to be a steadily growing appreciation of the value of fresh air and sunshine, in the prevention and treatment of diseased and disability, amongst the parents in our County. Even now, however, no real proximity to the ideal standard has been attained. The open-air schools which were established by a few Authorities shortly before the Great War proved conclusively that combined with wholesome food, adequate rest, suitable instruction, &c., wonderful results could be obtained in the health and education of the debilitated child, results which amply compensated the Authorities concerned for their expenditure and enterprise.

If teachers would bear in mind incessantly the immense benefits that can accrue to their pupils, and exploit to the utmost all existing facilities for the children to receive their education in a pure and healthy atmosphere, utilising every opportunity to give their instruction out of doors, the necessity for an open-air school in a rural area such as ours would not be a pressing one. The Authority should at all times assist any such endeavours, particularly when an alteration in any school premises is contemplated. Many schools have playgrounds admirably suited for the purpose. If portions of these were roofed in, classes could be held in bright weather with immense advantage as a relief to overcrowding and in the interests of the children's health.

(a) **PLAYGROUND CLASSES.**—These are arranged in most of the schools in suitable weather. A large number of schools now have gardens in which horticultural instruction is given combined with mathematics, &c. Open-air classes could be arranged more extensively with slight alterations in the premises.

(b) **SCHOOL JOURNEYS.**—In the form of rural rambles for nature study, &c., these are arranged by many Head Teachers. Systematically organised they the beneficial to health and education.

(c) **SCHOOL CAMPS.**—No School Camps were arranged during the year.

(d) **OPEN-AIR CLASSROOMS.**—There are two Schools in the County with open-air classrooms structurally provided and available for use as required—those at Gronant and Rhualt. The Authority would be well advised to keep this important provision in mind when the erection of a new school, or the structural alteration of an existing school, is contemplated.

(e) **DAY OPEN-AIR SCHOOLS.**—None in Flintshire.

(f) **RESIDENTIAL OPEN-AIR SCHOOLS.**—None.

### **10.—Physical Training.**

On the lines of the Board of Education Syllabus of Physical Exercises, training under this head is given to the children by teachers in all the schools. In suitable weather the exercises are executed out of doors.

Teachers are informed by the Medical Inspector on the occasion of his visits to the schools, of any individual children who are physically unfitted for drill, &c.

### **11 —Provision of Meals.**

The necessity for bringing into operation the Provision of Meals Acts did not arise during the year under review.

### **12.—School Baths.**

None of the Elementary Schools in Flintshire have baths. The children of some schools, however, are taken to the public baths of neighbouring towns for instruction in swimming, &c.

### **13.—Co-operation of Parents**

I endeavoured in my Report for 1923 to demonstrate the immense advantages that accrue from the development and maintenance of the parents' interest in the work of the School Medical Service. As this interest increases the advantages become more and more pronounced, and, although much has been said before, the subject is too important to pass without further comment.

The arrangements for securing the attendance of the parents at the routine inspections were continued during the year on the lines previously described. The stating of the time of the child's examination on the leaflet inviting the parent to attend is of proved benefit in reducing her waiting to a minimum.

It is generally the mother who attends the inspection; in many cases however, it has been noticed that rather than miss the benefit of a consultation the mother arranges, when she herself cannot be present, for an adult relative to attend in her place. Having the mother at hand the Medical Examiner is able to learn the past history, home conditions and habits of the child, and is in a position to enlighten and advise her as to any existing or incipient disease or defect revealed. It very frequently happens that a parent learns from the School Doctor for the first time that her child has a physical defect which calls for attention. The number of cases in this County where the parent has been taken by surprise in this manner is astounding, not a few of them being serious conditions of nose or throat, the sight, heart, lungs, &c.

However brief it may be the consultation between parent and doctor is the most important factor in a satisfactory scheme for the medical inspection and supervision of school children. It therefore behoves Head Teachers and everyone concerned to stimulate the parents' interest in the work, to secure their attendance at the inspections and generally to awaken their sense of responsibility in the matter of the children's welfare.

It is pleasing to be able to record the parents' continued interest in this County, though even now it falls short of the standard which would best conduce to success. The following figures are indicative of the degree of interest manifested throughout the past few years. The position is not at all unsatisfactory when it is remembered that having learnt of no defect at its inspection in infancy, many parents appear to consider their attendance unnecessary as a child grows older:—

		1919	1920	1921	1922	1923	1924
Number of children examined	...	4379	7635	6067	5670	5385	4282
Number whose parents attended	...	2275	4521	3473	3146	3011	2180
Percentage of Parents' attendances	...	51.9	59.2	57.2	55.4	55.9	50.9

#### 14.—Co-operation of Teachers.

Unless it includes a reference to the valuable help rendered by the Teachers a report on the work of the School Medical Service can hardly be regarded as complete.

Ever since the inception of the Service the Teachers in this County have given it their whole-hearted support in every direction, and in reviewing the work of the past year it is a pleasure to be able to record their continued interest, their unyielding loyalty to the best interests of the school child and their undiminishing zeal in furthering a work now acknowledged to be one of the highest national importance.

The assistance of the Teacher is so necessary to the Service that I consider it desirable to repeat in the following paragraphs some of my remarks of last year.



It is no more in the hands of the organisers than of the teachers to bring about the ultimate success of the work. The Teachers' hearty co-operation is essential, and their duties are diverse and legion though not outside the sphere of their influence.

In my Report for 1920 I described in detail the numerous ways in which the Teacher can help in the work. Of these I should like to emphasise the importance of that interest in the incipient maladies of childhood—debility, persistent coughs, lassitude and langour, &c., visual, hearing and dental defects, throat, nasal and breathing conditions, and so on. There is no limit to the good that can be accomplished in exercising an alert supervision over conditions of this sort, as innumerable defects and diseases of a serious nature can be averted by a timely chat with the parents, supplemented by a recommendation to consult a doctor, and a friendly interest in the case until the defect is remedied, or at least treated. I commend the point to the Teachers with every confidence.

I would also commend to their notice the high importance of securing the parents' attendance at the routine medical inspections. Their presence is particularly desirable for consultation purposes, and if the Teachers will use their influence in this direction it will soon be realised that there is no measure to the amount of good that can be accomplished.

### **15.—Co-operation with the School Attendance Department.**

In the early days of the School Medical Service the Attendance Officer viewed with a certain amount of pardonable alarm the work of the Service in so far as it related to the exclusion of children from school on medical grounds appearing to him insignificant. It was interesting to note his gradual change of attitude, however, as time went on and proved to his satisfaction that promptitude of exclusion invariably resulted in a decided check in the incidence of infectious cases. The School Attendance Officer is now an enthusiastic partisan of the Service, and arising from a keen appreciation of its value in the realm of child welfare, as well as in his own sphere of activity, he renders assistance of inestimable worth, much of which is entirely voluntary.

It is extremely pleasing to record this advance as, owing to his peculiar knowledge of affairs in his district—home and family conditions, social and financial circumstances, and distances of homes from schools, for example—the Attendance Officer is very advantageously situated as a public official desirous of giving good service to a community, and without his whole-hearted aid and co-operation it can reasonably be said that the Medical Service might easily have lost considerable ground. The Attendance Officers in this County, however, far from being apathetic and indifferent, have attained a very high standard of utility and it is with much gratification that I here record my indebtedness to them for the assistance they have rendered to the Medical Service during the year under review.

The scope of the School Attendance Officer in work of this kind is almost without limit. Thoroughly acquainted with his district an alert Officer can bring many things to the notice of his Authority which might eventually have a significance far beyond his immediate conception. and in the sphere of the Medical Services such reports might be of immeasurable importance. Space does not allow of my enumerating all that he can do in this connection, but I would like to remind him of some of the most important, such as the prompt notification to the School Doctor of new cases that come to his knowledge of children suffering from such defects as blindness, deafness, epilepsy, mental deficiency, tuberculosis, crippling conditions, pronounced debility, &c. Such cases should always be immediately reported to the Department, even though the child concerned be under school age—in fact the sooner it is reported the better in every way. I feel I can confidently commend this point to the Officers, seeing that they as much as anyone can appreciate the necessity for early treatment of such conditions in order to render a child better equipped for the work of efficient citizenship.

### 16.—Co-operation with Voluntary Bodies.

**TUBERCULOSIS.**—The Principality of Wales owes a debt of gratitude to the promoters of the Welsh National Memorial Association for perpetuating the memory of the late and illustrious King Edward VII in a manner so utterly worthy and beneficent. Established originally on a purely voluntary basis this wonderful organisation has in fourteen years developed and expanded itself so substantially that there is hardly a village in Wales which has not benefitted at its hands, while the number of families who can <sup>at</sup> contribute to it the life or health of some of their personnel is legion.

Speaking of Flintshire an immense amount of good has been accomplished by the Association in combatting the scourge of Tuberculosis present in our midst. Its Officers have worked hand in hand with the Public Health and the School Medical Services assiduously and wholeheartedly since its inception, and during the year under review the co-operation between all these Services has been excellent.

The arrangements existing for the co-ordination of the Services in Flintshire have been previously described in detail. They are both simple and efficient. Whether it eventually proves to be tuberculosis or otherwise a child found with suspicious signs in school is immediately referred to the Tuberculosis Officer of the district, by whom the child is examined, supervised and treated as the case requires.

The Service sustained a very serious loss on the 24th of April, 1925, in the death of Dr. T. Gee Williams, for some years the Tuberculosis Physician under the Welsh National Memorial for the Flintshire and Denbighshire District. Dr. Williams devoted a considerable amount of his

time to the study and treatment of Tuberculosis in childhood, well knowing the advantages of prevention and early treatment, and there are parents in this County who will ever bless his memory for what he did for their children.

**CHILD NEGLECT.**—In the work of supervising the welfare of the children in this County the School Nurses have much to contend with at the hands of the indifferent, ignorant or indolent parent. Cases are sometimes met with, however, where children are found suffering from the parents' deliberate negligence, or even cruelty, and some of these cases are extremely difficult for the Nurse to manage. It is in connection with cases of this kind that the assistance of the National Society for the Prevention of Cruelty to Children is invaluable.

During the year under review, as in the past, quite a considerable number of such cases have been referred to the Society for their assistance in seeing fair play to the child of neglectful parents, and excellent work has been accomplished as a result of the close co-operation that has been unrelaxingly maintained between the Officers of the Medical Service and the Society.

I would particularly like to associate with these my personal remarks the name of Inspector Stone, of Wrexham. This Officer's kindness, energy and application, combined with his unswerving loyalty to the traditions of his Society and the interests of the children, have been praiseworthy in the extreme during the period of his service in this district. Not only has he righted many wrongs amongst children parentally neglected or illtreated by on many occasions he has brought the resources of his Society, and other agencies, to bear on the medical or surgical treatment of the afflicted children of parents financially unable to meet their responsibilities. It is a pleasure to me to be able to record my high appreciation of this Officer's whole-hearted co-operation in the work of guarding the children's welfare.

**TONSILS AND ADENOIDS.**—The co-operation previously described as between the School Medical Service and the authorities of the local Hospitals in connection with the operative treatment of children suffering from Enlarged Tonsils and Adenoids, was continued with the result that 21 children received this form of treatment during the year under review. I am afraid that the arrangements are not productive of the desired results in so far as the numerical aspect is concerned, more children being found in need of treatment than can be catered for at the smaller hospitals within the area. As however, the question of distance is involved as far as reference of cases to the Chester Infirmary is concerned, I do not see how matters can be improved until the number of beds available at the hospitals can be increased or alternative provisions arranged for.

**EYE DEFECTS.**—Arrangements were made for the first time, during the year under review, for the treatment at the Chester Royal Infirmary of the more serious forms of eye defects in school children.

**CRIPPLING DEFECTS.**—As a temporary arrangement pending the establishment of a Clinic in Flintshire the Committee of the St. John Street Orthopædic Clinic, Chester, during the later months of 1924, very kindly undertook on behalf of our School Medical Service the clinical supervision and after-care of crippled school children, and children of pre-school age, from Flintshire. These facilities were gratefully accepted, and it is a pleasure to record that several parents availed themselves of the arrangement with great benefit to their children.

**DEBILITATED CHILDREN.**—Again I have the pleasure of placing on record the indebtedness of the School Medical Service to Miss Gwen-dolen Davies-Cooke, a member of our Committee, for her kind and very practical interest in the welfare of the debilitated children of our County. By establishing a fund in 1921 whereby she has been able to place at the disposal of the School Medical Staff a supply of letters of recommendation, a number of weakly and delicate children secured admission during the year to the Royal Alexandra Convalescent Home, Rhyl, where they received the benefit not only of the pure air and sunshine, but also of the kindly and expert supervision of the medical and nursing staff of that excellent institution at the seaside.

Since 1921 and including the year 1924 these arrangements have already bestowed upon no fewer than 58 ailing children a renewed lease of health. The selection of all these cases remained in the hands of the School Medical Officer throughout, and his examination of the children on their return from the institution demonstrated that without exception each child had improved very substantially in health as a result of the change.

The following figures show the respective periods of the children's stay at the Convalescent Home:—

Two weeks	...	...	...	...	1
Three weeks	...	...	...	...	2
Four weeks	...	...	...	...	12
Six weeks	...	...	...	...	1
Twelve weeks	...	...	...	...	1

### 17.—Blind, Deaf, Defective and Epileptic Children.

The children referred to by this head are those who are incapable, by reason of physical or mental defect, of deriving proper benefit from instruction in the ordinary public elementary school, but are not incapable by reason of that defect of receiving benefit from instruction in such special classes or schools as may exist or be provided under the Education Act of 1921 for defective children.



Despite this definition much difficulty has been experienced, not only in Flintshire but throughout the country in the accurate categorisation of these cases. It is not easy, for instance, to decide whether a child suffering from defective vision is merely a case capable of being corrected under suitable treatment or one for classification as partially blind, nor is it easy to determine whether a three or more years' mentally backward child is a fit subject for classification as feeble-minded. The figures in Table III of this Report, for this reason, are very probably much lower than they would be were a less narrow and distinctive view taken in the various classifications.

The fact remains, nevertheless, that a very serious problem confronts the Authority in the matter of dealing with these cases. The duty is clear. It is to make such provision as may be required to secure for these children the facilities for education that their less unfortunate brethren possess, and thus equip them as far as possible for the struggle which awaits them in after life. These children, it should never be forgotten, are entitled to this consideration; they will look back at some future date in their career and judge whether the responsible authority wrought good or ill on their behalf in the years of their infancy. It may be argued that so little can be done for them that the endeavours are misplaced, the child holding the better prospects of efficient citizenship being the more entitled. This impression is entirely erroneous. There is no child more entitled than another to an authority's regard. If anything it is the child physically and naturally unequipped for the race who should receive the lesser handicap. In any case the duty devolves upon the Authority, and this after all is the point now to be considered.

Assuming the ascertainment of the cases satisfactorily carried out there is a difficulty which at present confronts every Authority in the country—that of securing accommodation for these children in the few institutions that exist on their behalf, and it is only by persistent endeavour that the placing of a child in a suitable institution can be accomplished. It therefore follows that this difficulty cannot be surmounted except by the establishment of additional institutions.

I consider that the time has now arrived when the question of establishing an institution in North Wales, particularly for mentally defective children, should receive the serious attention of the six Counties comprised.

### 18.—Nursery Schools.

There are no Nursery Schools within the Authority's administration.

### 19.—Secondary Schools.

Owing to inadequacy of Staff it was not found possible, during the year under review, to put into operation the scheme for the medical supervision of children attending these schools. The question of increasing the

staff by the appointment of an Assistant Medical Officer is, however, under consideration. If appointed, this Assistant's duties will include the medical supervision of the pupils attending the Secondary Schools in the County—five in all, namely, Hawarden, Holywell, Mold, Rhyl and St. Asaph County Schools. Unless such assistance be obtained this work would necessarily involve the sacrifice of other branches of the existing Service, none of which are unimportant.

## 20.—Continuation Schools.

There are no Continuation Schools within the administration of the Authority.

## 21.—Employment of Children.

As will be seen from Section 4 the arrangements provide for the examination of all children of the age of 12 years, and their re-examination as Specials as required. The few who are employed are thus kept under supervision.

The Medical records are at the disposal of the Authority's Juvenile Employment Officer for reference as required, and co-operation is maintained between the two Services.

## 22.—Special Enquiries.

Investigations, of a special character, into various circumstances affecting the health of school children were made during the year as the needs arose. The majority were concerned with conditions bearing upon outbreaks of infectious disease.

## 23.—Miscellaneous.

A few Teachers were temporarily excluded from School on Medical grounds.

A number of children admitted to Special Schools or Institutions were specially examined and reported upon prior to their admission.

The Pupil Teachers, Bursars, Probationers and Student Teachers attending the Secondary Schools were examined and reported upon as to their physical fitness for the teaching profession.

## Table I.—Return of Medical Inspections.

### A.—ROUTINE INSPECTIONS.

Number of Code Group Inspections—

Entrants	...	...	...	...	...	...	1289
Intermediates	...	...	...	...	...	...	946
Leavers	...	...	...	...	...	...	2047

Total Code Group Inspections ... .. 4282

Number of other (i.e. Non-Code Group) Routine Inspections ... .. —

Total Routine Inspections ... .. 4282

## B.—OTHER (i.e. NON-ROUTINE) INSPECTIONS.

Number of Special Inspections	...	...	...	...	...	...	2097
Number of Re-Inspections	...	...	...	...	...	...	4525
Total Non-Routine Inspections							6622

TOTAL INSPECTIONS—ROUTINE AND OTHERWISE ... 10,904

Table II.

## A.—Return of Defects found by Medical Inspection during the Year.

DISEASE OR DEFECT.				ROUTINE INSPECTIONS. No. of Defects.		SPECIAL INSPECTIONS. No. of Defects.	
				Requiring treat- ment. (2)	Requiring to be kept under observ- ation but not re- quiring treatment. (3)	Requiring treat- ment. (4)	Requiring to be kept under observ- ation but not re- quiring treatment. (5)
(1)							
Malnutrition	...	...	...	8	13	—	—
Uncleanliness (see Table IV, Group V)	...	...	...	—	—	—	—
Skin—Ringworm: Scalp	...	...	...	5	—	38	1
Body	...	...	...	9	—	44	1
Scabies	...	...	...	12	—	19	—
Impetigo	...	...	...	12	—	63	—
Other Diseases (Non-Tuberc.)	...	...	...	53	16	54	7
Eye—Blepharitis	...	...	...	54	—	46	—
Conjunctivitis	...	...	...	51	—	43	2
Keratitis	...	...	...	2	2	4	—
Corneal Opacities	...	...	...	1	2	—	1
Defective Vision	...	...	...	144	131	105	35
Squint	...	...	...	38	20	30	7
Other Conditions	...	...	...	8	15	15	2
Ear—Defective Hearing	...	...	...	4	60	10	11
Otitis Media	...	...	...	26	6	29	3
Other Ear Diseases	...	...	...	2	—	11	—
Nose & Throat—Enlarged Tonsils only	...	...	...	525	398	137	32
Adenoids only	...	...	...	48	5	19	1
Enlarged Tonsils and Adenoids	...	...	...	63	11	34	2
Other Conditions	...	...	...	121	4	88	5
Cervical Glands—Enlarged (Non-Tuberc.)	...	...	...	12	14	22	18
Speech—Defective	...	...	...	6	6	1	1

	(1)	(2)	(3)	(4)	(5)
Teeth—Dental Diseases (see also Table IV, Group V) ... ..	697*	2140†	26	7	
Heart and Circulation—					
Heart Disease: Organic ... ..	5	13	6	2	
Functional ... ..	3	16	4	5	
Anæmia ... ..	9	—	7	—	
Lungs—Bronchitis ... ..	34	3	36	—	
Other Non-Tuberc. Diseases ... ..	11	10	14	1	
Tuberculosis—Pulmonary: Definite ... ..	1	—	8	—	
Suspected ... ..	8	2	29	3	
Non-Pulmonary:					
Glands ... ..	4	—	15	2	
Spine ... ..	1	1	1	—	
Hip ... ..	1	—	—	—	
Other Bones and Joints ... ..	1	1	—	—	
Skin ... ..	—	—	2	—	
Other Forms ... ..	1	—	4	—	
Nervous System—Epilepsy ... ..	2	—	11	—	
Chorea ... ..	1	1	9	—	
Other Conditions ... ..	4	4	2	—	
Deformities—Rickets ... ..	—	—	—	—	
Spinal Curvature ... ..	3	2	6	1	
Other Forms ... ..	23	14	21	3	
Other Defects and Diseases—Minor ... ..	129	186	444	78	
Major ... ..	222	128	210	32	

\* Four or more teeth decayed.

† Fewer than four decayed.

### B.—Number of Individual Children found at Routine Medical Inspection to Require Treatment (excluding Uncleanliness and Dental Diseases.

Group.	Number of Children		Percentage of	
	Inspected.	Found to require treatment.	Children found to require treatment.	
(1)	(2)	(3)	(4)	
Code Groups:				
Entrants ... ..	1289	310	24.05	
Intermediates ... ..	946	233	24.63	
Leavers ... ..	2047	444	21.90	
Total (Code Groups) ... ..	4282	987	23.05	
Other Routine Inspections ... ..	—	—	—	
Grand Total ... ..	4282	987	23.05	



**Table III.**  
**Return of all Exceptional Children in the Area.**

	Boys.	Girls.	Total.
BLIND (including Partially Blind).			
Suitable for training in a School or Class for the			
Totally Blind—			
Attending Certified Schools or Classes for the			
Blind ... ..	5	5	10
Attending Public Elementary Schools ... ..	—	—	—
At other Institutions ... ..	—	—	—
At no School or Institution ... ..	2	3	5
Suitable for training in a School or Class for the			
Partially Blind—			
Attending Certified Schools or Classes for the			
Blind ... ..	—	—	—
Attending Public Elementary Schools ... ..	3	2	5
At other Institutions ... ..	—	—	—
At no School or Institution ... ..	2	1	3
DEAF (including Deaf and Dumb and			
Partially Deaf)—			
Suitable for training in a School or Class for the			
Totally Deaf or Deaf and Dumb—			
Attending Certified Schools or Classes for the			
Deaf ... ..	2	5	7
Attending Public Elementary Schools ... ..	—	1	1
At other Institutions ... ..	—	—	—
At no School or Institution ... ..	—	—	—
Suitable for training in a School or Class for the			
Partially Deaf—			
Attending Certified Schools or Classes for the			
Deaf ... ..	—	—	—
Attending Public Elementary Schools ... ..	4	2	6
At other Institutions ... ..	—	—	—
At no School or Institution ... ..	—	—	—
MENTALLY DEFECTIVE.			
Feeble-minded—cases not notifiable to the Local Con-			
trol Authority—			
Attending Certified Schools for Mentally Defec-			
tive Children ... ..	1	—	1
Attending Public Elementary Schools ... ..	17	15	32
At other Institutions ... ..	1	—	1
At no School or Institution ... ..	8	6	14
Notified to the Local Control Authority during year—			
Feeble-minded ... ..	—	—	—
Imbeciles ... ..	1	—	1
Idiots ... ..	—	—	—

## EPILEPTIC.

	Boys.	Girls.	Total
Suffering from severe Epilepsy—			
Attending Certified Special Schools for Epileptics	—	...	—
In Institutions other than Cert. Special Schools	—	...	—
Attending Public Elementary Schools	...	—	—
At no School or Institution	5	3	8
Suffering from Epilepsy which is not severe—			
Attending Public Elementary Schools	9	4	13
At no School or Institution	1	—	1

## PHYSICALLY DEFECTIVE.

## Infectious Pulmonary and Glandular Tuberculosis—

At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board of Education	3	1	4
At other Institutions	—	—	—
At no School or Institution	4	7	11

## Non-Infectious, but active Pulmonary and Glandular Tuberculosis—

At Sanatoria or Sanatorium Schools approved by the Ministry of Health or the Board of Education	1	—	1
At Certified Residential Open-air Schools	—	—	—
At Certified Day Open-air Schools	—	—	—
At Public Elementary Schools	3	3	6
At other Institutions	—	—	—
At no School or Institution	1	3	4

## Delicate Children (e.g., pre- or latent Tuberculosis, Malnutrition, Debility, Anæmia, etc.)—

At Certified Residential Open-air Schools	—	—	—
At Certified Day Open-air Schools	—	—	—
At Public Elementary Schools	14	13	27
At other Institutions	—	—	—
At no School or Institution	1	3	4

## Active Non-Pulmonary Tuberculosis—

At Sanatoria or Hospital Schools approved by the Ministry of Health or the Board of Education	4	3	7
At Public Elementary Schools	25	10	35
At other Institutions	—	—	—
At no School or Institution	5	2	7

## Crippled Children (other than those with active Tuberculous disease), e.g., Children suffering from Paralysis, &amp;c., and including those with severe Heart Disease—

At Certified Hospital Schools	—	—	—
At Certified Residential Cripple Schools	—	—	—

	Boys.	Girls.	Total.
At Certified Day Cripple Schools ... ..	—	—	—
At Public Elementary Schools ... ..	33	28	61
At other Institutions .. ..	3	—	3
At no School or Institution ... ..	3	4	7

Table IV.

## Return of Defects treated during the Year.

## Treatment Tables.

## GROUP I.—MINOR AILMENTS.

(excluding Teeth and Uncleanliness, for which see Groups IV and V of this Table, respectively).

Disease or Defect.	Number of Defects treated, or under treatment during the year.		
	Under the Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)
Skin—Ringworm: Scalp ... ..	33	10	43
Ringworm: Body ... ..	47	6	53
Scabies ... ..	17	14	31
Impetigo ... ..	60	15	75
Other Skin Disease ... ..	60	47	107
Minor Eye Defects (External and other, but excluding cases falling in Group II) ... ..	151	61	212
Minor Ear Defects (Excluding serious di- seases (e.g., those operatively treated, etc.) ... ..	38	39	77
Miscellaneous (e.g. Minor Injuries, Bruises, Sores, etc.) ... ..	389	123	514
Total Minor Ailments treated ... ..	801	339	1140

## GROUP II.—DEFECTIVE VISION AND SQUINT.

(excluding the Minor Eye Defects treated as

Minor Ailments in Group I).

Defect or Disease.	Under the Authority's Scheme.	Submitted to refraction by private practitioner or, at Hospital apart from Authority's Scheme.	Otherwise.	Total.
(1)	(2)	(3)	(4)	(5)
Errors of Refraction (including Squint, but excluding cases operatively treated ...	116	... 147	... 37	... 300
Other Defects or Diseases of the Eyes (excluding those recorded in Group I) ...	—	... 2	... —	... 2
Total Defects dealt with...	116	... 149	... 37	... 302

## CHILDREN PROVIDED WITH SPECTACLES.

	Under the Authority's Scheme.	Otherwise.	Total.
Total number of Children for whom Spectacles were prescribed ...	... 98	... 156	... 254
Total number of Children who obtained or received Spectacles ...	... 98	... 139	... 237

## GROUP III.—DEFECTS OF NOSE AND THROAT.

Number of Defects.

Received Operative Treatment.				
Under the Authority's Scheme, in Clinic or Hospital.	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total.	Received other forms of Treatment.	Total Number Treated
(1)	(2)	(3)	(4)	(5)
21	114	135	638	773

## GROUP IV.—DENTAL DEFECTS.

(1) Number of Children who were—

(a) Inspected by the Dentist:

Routine Age Groups—(aged 6)	... 1200
(aged 7)	... 1253

Specials	... 340
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Grand Total ... 2793



(b) Found to require Treatment	...	...	...	...	1510
(c) Actually Treated	...	...	...	...	1082
(d) Re-treated during the year as the result of periodic examination	...	...	...	...	—
(2) Half-days devoted to—					
Inspection	...	...	...	...	88
Treatment	...	...	...	...	269
					— 357
(3) Attendances made by Children for Treatment	...	...	...	...	2884
(4) Fillings—Permanent Teeth	...	...	...	...	686
Temporary Teeth	...	...	...	...	2
					— 688
(5) Extractions—Permanent Teeth	...	...	...	...	158
Temporary Teeth	...	...	...	...	894
					— 1052
(6) Administrations of Anæsthetics for Extractions—					
General	...	...	...	...	—
Local	...	...	...	...	63
(7) Other Operations—Permanent Teeth	...	...	...	...	108
Temporary Teeth	...	...	...	...	53
					— 161

#### GROUP V.—UNCLEANLINESS AND VERMINOUS CONDITIONS.

(1) Average number of Visits per School made during the year by the School Nurses	...	...	...	...	...	11
(2) Total number of Examinations of Children in the Schools by School Nurses	...	...	...	...	...	64,785
(3) Number of individual Children found to be unclean	...	...	...	...	...	3,356
(4) Number of Children cleansed under arrangements made by the Local Education Authority	...	...	...	...	...	—
(5) Number of cases in which legal proceedings were taken—						
(a) Under the Education Act, 1921	...	...	...	...	...	—
(b) Under School Attendance Byelaws	...	...	...	...	...	—

TABLE V.  
TREATMENT OF DEFECTS NOT RECORDED IN  
PREVIOUS TABLES.

Disease or Defect.				Number of Defects treated, or under treatment during the year.			
				Under the Authority's Scheme.	Otherwise.	Total.	
(1)				(2)	(3)	(4)	
Malnutrition	...	...	...	4	...	2	6
Cervical Glands Enlarged	...	...	...	7	...	27	34
Speech Defective	...	...	...	—	...	2	2
Heart and Circulation—							
Heart—Organic	...	...	...	—	...	11	11
Functional	...	...	...	—	...	5	5
Anæmia	...	...	...	3	...	13	16
Lungs—							
Bronchitis	...	...	...	19	...	51	70
Other (Non-Tuberculous)	...	...	...	4	...	17	21
Tuberculosis—							
Pulmonary—Definite	...	...	...	4	...	5	9
Suspected	...	...	...	17	...	17	34
Non-Pulmonary—							
Glands	...	...	...	12	...	6	18
Spine	...	...	...	—	...	2	2
Hip	...	...	...	1	...	—	1
Other Bones and Joints	...	...	...	—	...	1	1
Skin	...	...	...	1	...	1	2
Other Forms	...	...	...	1	...	4	5
Nervous System—							
Epilepsy	...	...	...	—	...	11	11
Chorea	...	...	...	1	...	9	10
Other Conditions	...	...	...	—	...	3	3
Deformities—							
Rickets	...	...	...	—	...	—	—
*Spinal Curvature	...	...	...	—	...	8	8
Other Forms	...	...	...	4	...	30	34
Other Diseases and Defects—							
(Not included in Table IV (1))	...	...	...	84	...	274	358
Totals				161	...	500	661



